

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |  |  |                      |                    |  |                  |                    |   |
|---------------------------------------|--|--|----------------------|--------------------|--|------------------|--------------------|---|
| 1 Filer ID (Ethics Commission Filers) |  | 2 Total pages filed:   |                      | OFFICE USE ONLY    |  |                  |                    |   |
| 3 CANDIDATE / OFFICEHOLDER NAME       |  | MS / MRS / MR<br><i>Mr</i>   | FIRST<br><i>John</i> | MI<br><i>C</i>     | Date Received<br><br>RECEIVED DALLAS<br>COUNTY ELECTIONS<br>2017 JAN 30 03:10 PM |                  |                    |   |
|                                       |  | NICKNAME   | LAST                 | SUFFIX             |  |                  |                    |   |
|                                       |  | <i>Cruzat</i>  |                      |                    |  |                  |                    |   |
| 4 ORIGINAL REPORT TYPE                |  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____<br><input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report |                      |                    |  |                  |                    |   |
| 5 ORIGINAL PERIOD COVERED             |  | Month<br><i>12</i>   | Day<br><i>1</i>      | Year<br><i>/16</i> | Month<br><i>12</i>   | Day<br><i>31</i> | Year<br><i>/16</i> | Date Hand-delivered or Date Postmarked<br><br>Receipt # _____ Amount \$ _____ |
|                                       |  | THROUGH  |                      |                    |  | Date Processed   |                    |   |
|                                       |  |  |                      |                    |  | Date Imaged      |                    |   |

6 EXPLANATION OF CORRECTION

- Incomplete address (4)
- Blank date and contribution amount for Randall Scott.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

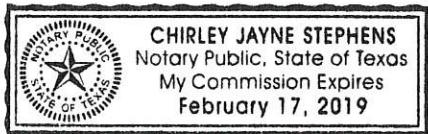
Check ONLY if applicable:



**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Cruzat, this the 30th day of January,

2017, to certify which, witness my hand and seal of office.

Shirley Jayne Stephens  
Signature of officer administering oath

Shirley Jayne Stephens  
Printed name of officer administering oath

Notary  
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

John C. Creuzot

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/16

5 Full name of contributor

John Creuzot

out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

8185 San Leandro Drive, Dallas, TX 75218

7 Amount of contribution (\$)

\$ 50. —

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

12/13/16

Full name of contributor

Larry Vanderwoude

out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

304 Greenbriar Lane Dallas, TX 75208

Amount of contribution (\$)

\$ 5,000. —

Principal occupation / Job title (See Instructions)

Recovery Services

Employer (See Instructions)

Recovery Healthcare

Date

12/14/16

Full name of contributor

Richard F. Dunn

out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

1201 Elm St Ste. 5200 Dallas TX 75270

Amount of contribution (\$)

\$ 500. —

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Clouse Dunn

Date

12/16/16

Full name of contributor

Randall Scott

out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

123 W Main Street Ste 2028 Grand Prairie, TX 75050

Amount of contribution (\$)

\$ 250 —

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

John C. Creuzot

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/16

5 Full name of contributor

Randall Ackerman

out-of-state PAC (ID#:

6 Contributor address:

8226 Douglas Ave Ste 330  
Dallas, TX 75205

City; State; Zip Code

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

SUf

Date

Full name of contributor

out-of-state PAC (ID#:

12/30/16

William T. Knox

Contributor address:

900 Jackson St #650  
Dallas, TX 75202

City; State; Zip Code

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

SUf

Date

Full name of contributor

out-of-state PAC (ID#:

Contributor address:

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Contributor address:

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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